AO 440 (Rev. 10/93) Summons in a Civil Action - SDNY WEB 4/99

## United States District Court

Southern	_ DISTRICT OF	New Yo	ork .
Natural Resources Defense Council, Inc.			
	SUMMO	ONS IN A CIVII	L CASE
٧.	CASE NUM	BER:	
United States Environmental Protection Agency		Judg	MARRER
TO: (Name and address of defendant)  United States Environmental Protection Rios Building, 1200 Pennsylva Washington, DC 20460 Phone: (202) 272-0167		CV	6234
YOU ARE HEREBY SUMMONED and req Nancy S. Marks Natural Resources Defense Counc 40 West 20th Street New York, NY 10011 Phone: (212) 727-2700 Fax: (212) 727-1773		NTIFF'S ATTORNEY	(name and address)
an answer to the complaint which is herewith served summons upon you, exclusive of the day of service he relief demanded in the complaint. You must als of time after service	e. If you fail to do so, judg	ment by default will	
J. MICHAEL McMAHON		JJL 19	200 <b>8</b>
CLERK	DATE		
comme Lapsing	<		
(BY) DEPUTY CLERK	<b></b>		

AO 440 (Rev. 10/93) Summons In a Civil Action	1 -SDNY WEB 4/99	
124	RETURN OF SERV	
Service of the Summons and Comp	laint was made by me <sup>1</sup>	DATE 07/10/7008
NAME OF SERVER (PRINT) Elaina De Meyele		TITLE Linguistion Assistant
Check one box below to indicate ap	propriate method of service	<i>y</i> -
Served personally upon the def	iendant. Place where served: _	
discretion then residing therein.	•	place of abode with a person of suitable age and left:
Returned unexecuted:		
Other (specify): Served Via	(cutified Mail (USPS) w	ifh return receipt requested
	STATEMENT OF SERVIC	
TRAVEL	SERVICES	TOTAL \$20.76
	DECLARATION OF SE	RVER
	8 Signa	e United States of America that the foregoing of Service Fees is true and correct.  Sylvanian Street NY, NY 10011 ess of Server
		guera a de environ

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## **Attachment 1**

Mukasey, Return Receipt

	(m)	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELL	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature	☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received Printed Name 08	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from iter     If YES, enter delivery address below	<b>—</b>
Michael B. Mikasay US Attorney General		Į
15 Dept of Justice		· 4
150 Penney Varia Ave, N.W.	3. Service Type  Certified Mail Express Ma  Registered Return Reci	il eipt for Merchandise
Tashington DC 20530-001	☐ Insured Mail ☐ C.O.D.	elpt for interchancise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 4008 1140 (	0000 5541 2198	
2S Form 3811, February 2004 Domestic Retu	ırn Receipt	102595-02-M-1540

United States Postal Service		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
Sender: Please print your name	ne, address, and Zl	P+4 in this box •
Elaina De NRDC 40 West 2	20th Street	
New York,	NY 10011	**************************************
1////////////////////////////	111.111111.1	J/II

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## **Attachment 2**

Johnson, Return Receipt

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Represe L. Johnson, Administrator (SEPA- Mich Riss Building, Mail Cale 10) A	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  THOS  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
Vashington DC 20460	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, February 2004 Domestic Return 2004 Do	
• Sender: Please print your name  Elaina De 1  NRDC  HO West 20th  New York, NY	<sup>1</sup> Street

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## **Attachment 3**

Clerk, Return Receipt

5:4 4 544	1 = 11111111111111111111111111111111111	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Signature  A. Signature  X	
Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  (ivi   Process (lu))	B. Received by ( Printed Name)  C. Date of Delivery  7-11-09  D. Is delivery address different from item 1?  If YES, enter delivery address below:	
US Afformay for SDNY Civil Division 86 Chambas Street, 3-2 from	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
New York, NY 10007	Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number 7008 1140 00	100 5541 2181	
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	
United States Postal Service	First-Class Mail Postage & Fees Paid USPS Permit No. G-10	
Sender: Please print your name,	address, and ZIP+4 in this box •	